

Checklist for Retirement Applications

Mark this checklist as you check your retirement application. Missing required information will stop application processing and may delay your first retirement benefit payment. If you have any questions, call 1-888-526-1687.

BE CERTAIN ALL THESE DOCUMENTS ARE IN THE ENVELOPE YOU ARE MAILING TO PERF.

				wirth certificate. (Copy of a passport may substitute. If you do not have either, call PERF for further dissing birth certificate is the number one reason applications are rejected.
				Deneficiary's birth certificate if you chose pension option 30, 40, or 50 in the application. (Copy of a substitute. If you do not have either, call PERF for further instructions.)
			Your signature	e, printed name, and date wherever required on the application.
			Notarization wi	ith signature and date. (Ask for a notary at your bank or city or county offices.)
<mark>Ар</mark>	plica	atio	n for Retirem	ent Benefits
	Coi	•	eted the <i>Applic</i> quired - Pg 1.	cation for Retirement Benefits (State Form 945). Complete all member information.
	0	Red	quired - Pg 2.	Sign and select only one option on this page.
	0	Red	quired - Pg 3.	Sign and selected only one option on this page. If you select Option 2, select one choice for the taxable portion <u>and</u> one choice for the Dec. 31. 1986 tax basis. (If you do not have any contributions prior to Dec. 31, 1986, PERF will ignore this choice and continue processing.)
	0	Red	quired - Pg 4.	Select and sign the appropriate option for distribution of your Annuity Savings Account
	0	Opt	ional - Pg 4.	Fill in state withholding choice and sign.
	0	Red	quired - Pg 5.	Fill in any and all beneficiary information for your pension.
	0	Opt	ional - Pg 6.	Fill in and sign this page to have monthly benefits paid to a revocable trust.
	0	Red	quired - Pg 7.	Sign the application on this page in the presence of a notary.
	•	Not	e: If your appli	cation is not notarized the application will NOT be processed.
	Tal	b 3 -	- Complete thes	se tax forms if you choose.
		0	If you do not re	eturn a completed form, PERF will withhold Federal taxes at the rate of Married with 3 allowances. No I be withheld unless a completed form is received.
	Tab	4 –	Complete and s	sign the Application for Direct Deposit of Recurring Payment (State Form 39175) if you wish to receive ectronically on or before the 15 th of each month.
Ωn	tion	al d	ocument	
<u>∪r</u>				d Depart of Consenting from Employment Wasses and Contributions
_	ıan			al Report of Separation from Employment, Wages, and Contributions
Ple	o ase o	em	oloyment. Your	ful to have you employer fill out this information and forward it to PERF as soon as you have left retirement benefit processing cannot be finalized without this information. In your application while waiting for this form. You may give it to your employer who will complete it and
				PERF will obtain this information for you if you apply more than one month in advance of retirement.
			e that additio payment.	nal documents may be requested or required to process and finalize your retirement
				n Option 61 on the application, you will need to complete the <i>Notice to Members Considering stegration Option 61</i> form, which is available from PERF.
	•		hoose pensior te your benefit	n Option 61 on the application, we will need an estimate from Social Security in order to
Special cases for retirement benefits				
				st 20 years of service and wish to begin your benefits while still employed, you must complete the
Election to Begin Receiving Benefits - Age 70 (State Form 49285), often referred to by PERF as the Millie I form is available from PERF				ving Benefits - Age 70 (State Form 49285), often referred to by PERF as the Millie Morgan form. This
	offi	ce, y	ou must comp	official, age 55 with at least 20 years of service and wish to begin your benefits while still in plete the <i>Election to Begin Receiving Benefits – Elected Official (State Form 49287)</i> , often as the Elected Official Form. This form is available from PERF

This is a checklist to help you complete the refund application. Carefully review the details of the **Application for Refund of Contributions**, fill out the required information, and return the form to PERF. This checklist will help you to ensure that all relevant steps and processes have been completed. *Please note that federal law prohibits PERF from making distributions from the Fund prior to "separation from employment", as referred to in the instructions of the refund application*. If you have any guestions please feel free to call 1-888-526-1687.

Step 1: Men	ication Page 1: nber Information Enter your Social Security Number, Date, Name, Address, Phone Numbers and E-Mail Address (if applicable)
	son for Refund Choose a selection from one of the two reasons for a refund
	ication Page 2: t your Name and Social Security Number at the top of the page.
	ction for Annuity Savings Account Payment Indicate your selection for the distribution of your Taxable Portion If you elect a rollover, indicate the name of an eligible, tax-deferred account that will accept a rollover from a 401(a) plan. Indicate your selection for the distribution of your Non-Taxable Portion If you elect a rollover, indicate the name of an eligible, tax-deferred account that will accept a rollover from a 401(a) plan.
	ication Page 3: t your Name and Social Security Number at the top of the page.
· 🗖 I	ification for Members with 10 or more Years of Creditable Service f you have 10 or more years of service, be sure to read "Step 5." This acknowledgement says hat by signing this form, you give up your rights to a pension benefit from PERF and lose your creditable service earned to date.
· 🗖 F	nber Affidavit and Notarization Please Sign, Print, Date and have the application notarized. Note: If your application is not notarized, it will <u>NOT</u> be processed.
	ication Page 4: t your Name and Social Security Number at the top of the page.

Please note that additional documents may be requested or required to process and finalize your refund payment.

Please have your employer complete page four. Your refund will <u>NOT</u> be processed without this information. Your employer may fax page four to (317) 234-1226. However, the first three pages of this application must be mailed to PERF at 143 W. Market Street, Indianapolis, IN 46204.

Employer's Report of Separation from Employment